



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6671

<b>SERIAL NUMBER</b> 09/982,423	<b>FILING DATE</b> 10/18/2001 <b>RULE</b>	<b>CLASS</b> 074	<b>GROUP ART UNIT</b> 3682	<b>ATTORNEY DOCKET NO.</b> 65899-0129/DP-305300
<b>APPLICANTS</b> Darl Dufondach, Kokomo, IN;				
** CONTI. DATA ***** <i>none 12/15/02</i>				
** FOREIGN APPLICATIONS ***** <i>none 12/15/02</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/19/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>very 12/15/02</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 20
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 010291				
<b>TITLE</b> Actuation lever				
<b>FILING FEE RECEIVED</b> 740	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 09/982,423	FILING DATE 10/18/2001  RULE	CLASS 074	GROUP ART UNIT 3682	ATTORNEY DOCKET NO. 65899-0129/DP- 305300	
<b>APPLICANTS</b>  Darl Dufendach, Kokomo, IN;					
<b>** CONTINUING DATA *****</b> <i>none very 5/12/04</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none very 5/12/04</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/19/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>very 5/12/04</i> Verified and Acknowledged	Examiner's Signature <i>very 5/12/04</i> Initials	STATE OR COUNTRY IN	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> 010291 RADER, FISHMAN & GRAUER PLLC 39533 WOODWARD AVENUE SUITE 140 BLOOMFIELD HILLS, MI 48304-0610					
<b>TITLE</b> Actuation lever					
FILING FEE  RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____					